LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
August 14, 2014

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS ABSENT	DHSP STAFF
Ricky Rosales, *Co-Chair*	Ted Liso	Michael Johnson, Esq., *Co-Chair*	Kyle Baker
Alvaro Ballesteros, MBA	Abad Lopez	Joseph Cadden, MD	Rhodri Dierst-Davies, MPH
Raquel Cataldo	Miguel Martinez, MSW, MPH	Alex Castillo	
Kevin Donnelly	José Munoz	Lilia Espinoza, PhD	
Michelle Enfield	Angélica Palmeros, MSW	Suzette Flynn	**COMMISSION STAFF/CONSULTANTS**
Dahlia Ferlito, MPH *(pending)*	Mario Pérez, MPH	Lynnea Garbutt	
Aaron Fox, MPM	Gregory Rios	David Giugni, LCSW	Dawn McClendon
Terry Goddard, MA	Juan Rivera	Kimler Gutierrez *(pending)*	Jane Nachazel
Grissel Granados, MSW/Maria Roman	Jill Rotenberg	Sharon Holloway/Ismael Morales	James Stewart
Joseph Green/Eric Sanjurjo, MPH	Sabel Samone-Loreca	Lee Kochems, MA/James Chud, MS	Craig Vincent-Jones, MHA
Ayanna Kiburi, MPH (by phone)	Shoshanna Scholar	Patsy Lawson/Miguel Palacios	Nicole Werner
AJ King, MPH	Terry Smith, MPA	Marc McMillin	
Mitchell Kushner, MPH, MD	Monique Tula	Victoria Ortega	
Bradley Land	Terrell Winder	LaShonda Spencer, MD	
Rob Lester, MPP	Richard Zaldivar	Fariba Younai, DDS	
PUBLIC			
Tania Aguilar	Annabel Augustios	Irena Bernar (by phone)	Efren Chavez
Niki Dhillon (by phone)	Whitney Engeran	Lleana Gil	Miki Jackson
Eric Paul Leue	Karen Mark, MD (by phone)	Eduardo Martinez	Chaude Moore
Darrell Nichols	Gabriela Perez	Michael Pitkin	A. Smith
Kevin Stalter	Emmanuel Tapia	Brigitte Tweddell	Elaine Waldeman
Jason Wise	Analilia Zaragoza		

1. **CALL TO ORDER**: Mr. Rosales opened the meeting at 9:20 am.
   - **A. Roll Call (Present)**: Ballesteros, Cataldo, Donnelly, Enfield, Ferlito, Fox, Granados/Roman, Green, Kiburi, King, Kushner, Land, Liso, Lopez, Martinez, Munoz, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Tula, Zaldivar

2. **APPROVAL OF AGENDA**:
   MOTION 1: Adjust, as necessary, and approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**: This item was postponed.
MOTION 2: Approve minutes from the Commission on HIV meetings, as presented ***(Postponed)***.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)*:**

- Mr. Engeran, AIDS Healthcare Foundation (AHF), noted AHF was likely the unnamed provider in the prior week's discussion on paying litigation costs with Net County Cost (NCC) and related motion. He felt the motion should not have come before the Commission. The County has many County Counsel staff, but chose to use expensive outside counsel. AHF has also offered to settle with the County on multiple occasions regarding areas of disagreement, but the County declined.
- He urged caution in making judgments. The recent Auditor-Controller report, e.g., seeks return of 43% of payments made on a two-year-old contract. DHSP and AHF negotiated and executed the contract. AHF provided services and completed cost reports. After the fact, the Auditor-Controller assessed payment should have been made differently than the contract provided. AHF went to court for a neutral hearing on the legality of such clawbacks which is our society's system.
- As this is now public, he invited people to call him to review it. Meanwhile, he urged reconsideration of the motion.
- Ms. Jackson, AHF, said payment issues have impacted providers countywide across health care areas. The County has asserted ACA implementation caused an emergency requiring extra-contract approaches that will be rectified later, but the Auditor-Controller uses its own audit standard and has routinely prohibited reimbursement for costs paid despite written approval from another County entity such as DHSP. Health Deputies are aware and several are attempting to help.
- Mr. Pitkin felt the Commission undervalued public comment from consumers. He noted HRSA strongly supports it.
- Mr. Nichols, Peer Advocate, reported Exodus Wellness Center located in South Central absorbed a heterosexual support group of 15 after its prior agency closed. It is the only such group in Los Angeles, but the effort is especially in need of Technical Assistance and education. Funds would also help, e.g., for lunch. He thanked those who offered help the last time he was here, but the Center needs more assistance to fully support this often overlooked population of PLWH.

5. **COMMISSION COMMENT *(Non-Agendized or Follow-Up)*:**

- Dr. Kushner announced a gay men's health summit 10/11/2014, National Coming Out Day, 9:00 am to 4:00 pm, at the Long Beach Courtyard Marriott. Topics will include spirituality, STDs, body image, stigma, cruising safely and PrEP.
- Ms. Tula announced the CDC Division of HV Prevention, Office of Health Equity will host an 8/28/2014 webinar on PrEP and what it means for the Hispanic/Latino community.
- Mr. Liso reported the Federal Communications Commission is considering internet rules that threaten net neutrality with a two-tiered internet in which those who pay less would receive a lower service level and be unable to access some internet sites. As a disabled man, net neutrality helps him manage communication costs by allowing him to use free email rather than a phone. It also facilitates prevention, care and treatment especially new local prevention efforts. To comment, go to OpenInternet@FCC.gov or call 1.888.225.5322. Mr. Liso is part of a class action suit to preserve net neutrality.
- Mr. Winder is part of a new UCLA study holding focus groups for Black MSM, 18 to 29. The goal is a mobile application that helps locate HIV prevention services to improve wellness and connect people to care. Flyers were on the resource table.
- Mr. Martinez reported the PrEP Work Group with leadership from the Wall Las Memorias, Bienestar and AltaMed are hosting a seminar 8/29/2014 at the California Endowment to inform providers about Latinos and nPEP/PrEP.
- He complimented Ms. Granados on appointment to the President's Advisory Council on HIV/AIDS through February 2017.
- Ms. Rotenberg announced the SPA 4 Service Provider Network will meet 8/21/2014, 12:00 noon at El Centro Del Pueblo in Echo Park. A Gilead representative will present on PrEP. To RSVP, call 323.201.4516, extension 3029.
- Mr. King announced the PrEP Work Group is organizing a nPEP/PrEP event for the transgender community including consumers and providers. The event will be 9/25/2014, 6:30 to 9:00 pm at the Village. Flyers will be available soon.

6. **CONSENT CALENDER**:

A. Policy/Procedure #08.2107: Consent Calendar:
MOTION 3: Approve the Consent Calendar, with agenda Motions 4 and 6 removed ***(Passed by Consensus)***.

7. CO-CHAIRS' REPORT:

A. Final FY 2014 Allocations/Letter of Assurance: The Commission approved the draft 8/7/2014. The final was in the packet.

B. Comprehensive HIV Planning (CHP Task Force:

- Mr. Smith reported the CHP Work Group was formed to review the CHP; assess what sections need to be updated, revised, eliminated or added; and to ascertain which goals and objectives are applicable to Priority- and-Allocation

Setting (P-and-A). The Work Group found unlayering the CHP required answering questions about the Continuum of HIV Services (CHS) which will also guide Commission activities including the Annual Meeting and Annual Board Report.

- Preliminary CHS work includes obtaining the framework from the Standards and Best Practices (SBP) Committee, the list of service categories from SBP and patient composites from the Planning, Priorities and Allocations (PP&A) Committee. Work also includes considering more possible indicators for the consumer pathway, addressing consumer pathway questions such as treatment cascade links and low or high risks, and defining metrics for ending HIV as a threat either per syndemic cluster or countywide. A dashboard of outcomes is also planned.
- Population analysis and continuum quantification leads to identification of barriers, disparities and gaps and ultimately supports gaps assessment. Other efforts that will contribute to CHS include the determinants framework, Los Angeles Countywide Needs Assessment (LACHNA) and individual treatment cascades to assess system strengths/weaknesses.
- The Work Group recommended its elevation to a task force to address the broader demands inherent in first answering core questions about the CHS and then moving forward to address the CHP 2014 Work Plan included in the packet.
- Work Plan tasks identified are: 1) update current 2013 CHP, as identified, defined, needed and possible in order to develop the 2016 CHP work plan and timeline; 2) preparation for the Annual Meeting, "An HIV-Free Generation," now scheduled for 11/13/2014, to develop a public plan and vision consistent with the CHP that includes specific steps for achievement; and 3) develop Annual Board Report, per County Code 3.29.090 for submission by 12/5/201, which will reflect the theme, conceptual framework and core information developed at the Annual Meeting.
- Mr. Vincent-Jones noted the Annual Board Report on the Commission's progress in ending the epidemic was added to the County Code during integration discussion. Initially scheduled for July, it was moved to coordinate with World AIDS Day. New Supervisors will be sworn in that day in 2014 so release of the report is planned for 12/5/2014. It will require significant data and is planned as an opportunity to view the epidemic in new ways using data-driven decision-making.
- The Annual Meeting is currently designed to prepare for the Annual Board Report, but the current date does not allow enough time for DHSP and the Commission to prepare a report of that importance. Motion 4 proposes moving the Annual Meeting up for more preparation time assuming the same theme. He noted several Commission members cannot attend on 10/9/2014 so he suggested revising the motion to indicate October with no set date.

➲ Agreed to change Motion 4 to reflect the Annual Meeting will be held on a date in October to be determined.

➲ New volunteers for the CHP Task Force are: Messrs. Donnelly, King and Liso and Ms. Tula. They join current members: Messrs. Goddard, Land, Martinez, Rosales and Smith.

MOTION 4: Pursuant to the proposed Comprehensive HIV Planning (CHP) Task Force work plan and description, the Commission will change its Annual Meeting date from 11/13/2014 to a date in October ***(Passed by Consensus)***.

C. CDC IPR Letter of Concurrence: The letter in the packet was a sample, but reflects the final that the Co-Chairs will sign.
MOTION 5: Approve the Co-Chairs' Letter of Concurrence for the Interim Progress Report (IPR) to the Centers for Disease Control and Prevention (CDC), as presented ***(Passed as Part of the Consent Calendar)***.

8. EXECUTIVE DIRECTOR'S REPORT:

A. Plan of Action: Addressing Staffing Gaps and Improving Operational Efficiency:

- Mr. Vincent-Jones responded to a prior Commission request for a report on addressing the staffing shortage and improving efficiency. Staff is overwhelmed with too few resources to produce all the needed work.
- The County has 25,000 employee classifications which identify the type of work a person does. A County entity such as a division or commission adapts a classification to work consistent with what the person will do.
- The hiring process starts when the County opens a list, i.e., a recruitment period for a particular classification. The County promulgates a list after every applicant either takes an examination or is interviewed. Successful candidates are listed in Bands 1 through 5. Strict rules govern candidate selection for hire which require starting with Band 1.
- Lists are opened every two or three years based on County need. Hiring is stalled if an old list offers no candidates.
- The Commission has items, i.e., budgeted positions, that have been unfilled for five or six years due to the 2009 state budget cuts. The Commission is working to fill them now that it has combined Ryan White and CDC resources. They are:
  - Research Associate III: The three people left on the list were interviewed, but none were suitable. The list is not being re-opened so the Commission utilized an exemption process to hire an epidemiologist, another classification. A candidate was interviewed and an offer made. There was a three week delay in submitting paperwork as the recipient had a computer problem. A hard copy was refused. The candidate has a PhD. He will work on LACHNA, needs assessment, evaluation and support PP&A and SBP. He is now in the hiring process.

- Administrative Assistant III: A new list is being promulgated. The successful candidate will work halftime on the new information referral service and half on coordinating communication with Commission members and the public including social media and the website. To facilitate communication, the candidate must be English/Spanish bi-lingual for verbal and written communication. The County offers a bi-lingual bonus. The Executive Office is sending a letter to all applicants to identify those who are bi-lingual before the list is released to speed selection.
- Senior Secretary III: Just two people are on the current list, but a new one is expected soon. If that does not occur, the Commission will seek an exemption for another item. This position will provide general clerical support, reception and back-up staff. Bi-lingual English/Spanish is being requesting, but is not required.
- Student Worker: A new list was just released for this part-time position to provide basic office support.
- 120-Day Contract: The County allows retirees to work 120 days annually without affecting benefits. Paperwork should be ready for submission soon for two such hires. Carolyn Echols-Watson will prepare for launch of the information referral line, help improve electronic efficiency and probably support Public Policy, her prior Committee. Doris Reed will support SBP, her prior Committee. SBP has an unusual amount of work at this time.
- Health Program Analyst: This is a new classification and the first with a coordinator focus especially for health. Usually Administrative Assistant IIIs are used, but the focus is not always suitable. The item will be requested in the Commission's supplemental budget in September. Usually new items are approved for grant-funded County bodies if the cost is covered. The list is restricted to County employees so health expertise may be limited and community applicants are excluded, but that might change. The position would manage the information referral service.
- Purchase Orders: A purchase order for Diane Burbie will cover meeting facilitation, training and flexibility through her firm of consultants. Other purchase orders will cover design, the HOPWA contract and curriculum development to precede the information referral service. Technical Assistance will be available in 2015 for leadership development and the Native American needs assessment though purchase orders may also be needed.

- The electronic environment is also being updated to improve efficiency. The Commission will work with building management and either County Internal Services or Rainbow Sound to add office Wi-Fi. For meetings, an LCD screen is planned for the conference room, recordings will shift from tape to digital and a clicker system is being purchased.
- The Commission continues work to acquire tablets. The County turned down the first request, but a Board Office has offered support. The Commission proposal promotes tablets as a Commission efficiency measure, less expensive than paper and a County environmental initiative. A service contract will be required because the Executive Office lacks sufficient staff to provide it. County system access also requires addressing multiple security issues.
- Mr. Ballesteros urged accelerating acquisition with a timeline as tablets would facilitate fast, detailed allocation review. Commission members should support the Executive Director and office with advocacy at the Board for the proposal.
- The Commission is also working with County Internal Services to redesign the website. Senior Secretary III and Student Worker positions will be critical in uploading information after redesign, Mr. McMillin is assisting with this project.
- Mr. Vincent-Jones added the Work Plan is also an efficiency tool. Final versions will be presented at upcoming Committee meetings, discussed at Executive and hopefully will be ready for the September Commission meeting. He develops all agendas which now take considerable time especially with multiple meetings per month for some Committees. The Work Plan identifies what will be addressed and when so agendas can be done six months in advance.
- The Work Plan also facilitates Commission member involvement as they will be able to see and discuss what is planned.
- Mr. Land appreciated the overview and acknowledged support staff work. He asked to see the Commission budget to better understand staff funding. Mr. Vincent-Jones said the Commission is operating on a Departmental Service Order. It is the Executive Office's agreement for the Commission with DHSP and DPH on the amount of grant funds it receives.
- No written, approved budget is done, but he is working on it with DHSP. It is more complex than before as several funding streams are being combined. It may be ready for the September Commission, but must be reviewed with DHSP and Executive. The County has two funding periods. One ends in July, but the Executive Office approved submitting the budget for the supplemental period ending in September. Some awards were not received in time for a July budget.
- Mr. Smith emphasized support for written timelines more specific than "six months." Priorities need to be reviewed by Executive and returned to the Commission for approval. He expressed concern with identifying too many priorities that are then not accomplished. Mr. Vincent-Jones replied information will be reflected for review in the Work Plan. Staff is being treated as a priority per Commission input. Except for the website, IT purchases are in process.
- Mr. King's broader concern was operational efficiency regardless of the number of staff and amount of technology. He felt there were issues not just with the volume of work, but how it is defined; the balance of work done by the Executive Director, staff or Commission members and how work is addressed, e.g., the amount of detail.

- Mr. Vincent-Jones noted with such limited staff it is often hard to identify a resource versus operational issue. Detail is a complex issue as it may be required for best results in the County. Commission member feedback also often conflicts, e.g., feedback from one Committee first urged less background to facilitate work, but then shifted to a need for more information so attendees could better engage. Input will evolve as people become more familiar with work.
- Ms. Tula felt the Executive Director was not the appropriate person to review work flow, do a systems analysis or question the level of detail. She recommended someone who is not a Commission member, County staff or has been involved with the Commission in the past. A consultant should be the highest priority. That is not a criticism, but so much has changed in 2014 that the Commission needs to evaluate how it should change its work to keep pace.
- Ms. Jackson noted she has attended the Commission in various capacities nearly since its inception and has never seen staff so stressed as it tries to calculate work load to people. Integration combined two groups into one adding considerable work with no additional staff. She often hears contradictory directives to do more or less, focus on one thing or another. She urged Commission members to listen as though they had to fulfill requests and then condense and sift directives. She also urged Commission members to volunteer a few hours to help, e.g., draft a document..

➲ Mr. Vincent-Jones will develop a timeline for tablet acquisition, but it is expected to take six months at best. A Board proposal is likely needed since the Executive Office opposes tablets. Commission members will offer advocacy support.

➲ Mr. Vincent-Jones committed to better identify and communicate organizational efficiency versus resource issues.

➲ Mr. Vincent-Jones perceived Ms. Tula's recommendation as a management audit. He will seek a consultant.

B. County Personnel Changes:

- William Fujioka, Chief Executive Officer will retire at the end of November. Dr. Jonathan Fielding will also retire 9/1/2014 and Mr. Fujioka recommended the Board appoint Cynthia Harding, MPH, Interim Director, DPH and Jeffrey Gunzenhauser, MD, MPH, Interim Health Officer, DPH. Letters regarding the actions were in the packet.
- The two Supervisors who will be elected in November will take office of 12/1/2014.

9. PARLIAMENTARY TRAINING: There was no report.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG):

- Ms. Kiburi. Chief, HIV Care Branch introduced Dr. Mark, Division Chief, Ms. Dhillon, Chief, ADAP Branch and Ms. Bernar, ADAP Branch. The written report was not yet done, but would be forwarded for distribution later.
- Ms. Kiburi said the CPG will hold an in-person meeting on 10/1/2014 in San Diego. It will be open to the public and public comment will be accepted. For more information go to the CPG page of the OA website or contact Liz Hall.
- Mr. Smith suggested an overview of CPG goals to help the Commission identify how best to partner with it. Ms. Kiburi said the CPG is structured to represent all planning councils with Mr. Rivera representing the Commission. Ms. Kiburi offered to assist Mr. Rivera with overview information if he would like to present on it to the Commission.

B. OA Work/Information:

- Ms. Kiburi said the HIV Care Branch conducts a best practices teleconference moderated by OA for Ryan White service providers, fourth Thursday of the month, 1:00 to 2:00 pm. There is a 10-15 minute presentation by at least two Part B service providers followed by discussion. Calls were initiated to open a dialogue with all Ryan White providers as so many ACA changes impact Part B especially regarding outreach and enrollment. Contact Marjorie Katz for information.
- SB 870, signed by Governor Brown 6/20/2014, funds public health demonstration projects for innovative, evidence-based approaches to outreach, HIV and Hepatitis C screening, linkage to care and retention, and quality health care for underserved people at high-risk for HIV infection. Up to four projects will operate from 1/1/2015 to 12/312016. $3 million has been allocated for the current budget year with $3 million more expected for the second year. OA will review projects after completion for statewide implementation suitability. OA plans to release the RFA in early fall.
- In a surveillance, research and evaluation update, Ms. Kiburi reported OA staff was co-author of a paper evaluating prisoner condom access in a California state prison. The abstract will be in the OA written report.
- Mr. Rivera requested an update on two Blue Shield issues: reimbursements to consumers who have paid up to five months of premiums waiting for approval of their OA-HIPP applications and Blue Shield properly matching check numbers with batches rather than consumers needing to do so. Many consumers are leaving care due to those issues.
- Ms. Kiburi said OA and Covered California have a weekly call with Blue Shield at which they address 10-15 client cases. Most cases pertain to two types of problems. Many pertain to IT issues as many of their processes are automatic. Blue Shield identified an IT problem and expected to correct it that month. It is also training its staff to correct the other

main problem of sending reimbursements to the last party which submitted a check to Blue Shield, e.g., if OA sent the last check then reimbursement was sent to OA. Refer specific cases to Ms. Bernar to be added to the call list.

- Mr. Rivera added some consumers sought to make a payment to Blue Shield after it had received a state payment as their OA-HIPP recertification was delayed, but their payment was not accepted. Ms. Kiburi replied Blue Shield allows OA to flag, rather than dis-enroll, clients. Consumers or enrollment workers should contact Ms. Bernar with issues.
- Mr. Fox commented OA has worked hard to troubleshoot issues. He urged allowing them to help as cases arise.

1) ADAP Six-Month Recertification Process:

- Ms. Dhillon reported ADAP will be implementing HRSA's mandate that grantees screen Ryan White clients for six-month eligibility. Effective 8/22/2014, clients with April birthdays will be mailed a Self-Verification Form (SVF).
- Clients with no changes can complete the SVF and mail it in the included stamped, addressed envelope; submit it to their ADAP enrollment worker; or submit it online. Clients with changes must submit it with updated eligibility documentation to their ADAP enrollment worker. SVFs for those with April birthdays are due in October.
- Training for enrollment workers on the process is mandatory. Training was being done that week and was being recorded. It will be posted on the website so those who could not attend can meet the requirement online.

2) Hepatitis C (HCV) Medications on ADAP Formulary: Follow-up to Prior Meeting Request:

- Ms. Dhillon reported simeprevir and sofosbuvir were added to the ADAP formulary 7/18/2014. Due to their high cost, prior authorization is required per clinical access criteria outlined in the prior authorization form. Criteria were developed by the ADAP Medical Advisory Committee in consultation with other HCV treatment experts.
- Mr. Land agreed with the Project Inform letter to Toby Douglas, California Department of Health Care Services, in the packet. The letter criticizes the prior authorization process as creating access barriers. Dr. Mark asked if he had heard reports of access issues. Mr. Land said consumers had reported difficulty in getting medications prescribed.
- Dr. Mark said the process created by the ADAP Medical Advisory Committee was not designed to be burdensome, but to mitigate the expense and ensure access for those who most need the drugs. OA wants to address problems patients, providers or pharmacies are experiencing with the process itself.
- Expanding access to additional populations is a larger question. OA seeks as broad access as possible, but must be mindful of the budget situation. The drugs are new. OA will monitor utilization and expand access as possible.
- Mr. Land said it burdens consumers if they lack knowledge of how to obtain access. He recommended a statewide list to which physicians can submit patients to receive access, but Dr. Mark said identifying whether an issue pertained to ADAP or to other insurance companies would be difficult as the processes are similar.

11. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

A. Administrative Agency:

- Mr. Pérez offered opening remarks earlier that morning at the Women's HIV Task Force's 8th Annual HIV Treatment Summit at the California Endowment. The event offered a strong list of speakers and was well attended.
- Alejandra Aguilar approached him at the Summit to urge re-invigorating Alianza, the Los Angeles County Latino Caucus on AIDS. He invited her to open a conversation with the Commission since it is working to develop the Latino Caucus. He felt the two efforts could be synergized rather than splitting the energy between two groups.

B. HIV/STD Services: There was no report.

C. Research/Surveillance: See PP&A, Item 13, A.2 for report on LACHNA.

13. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee: Commission members reported their conflicts-of-interests.

1) FY 2015 Baseline Allocations:

- Mr. Land suggested voting on the Motion 6 parts separately, but Mr. Stewart said the parts are all connected so cannot be voted separately. The parts can be discussed separately prior to a vote on the whole.
- Mr. Vincent-Jones clarified that baseline allocations are basically flat funding, i.e., the prior year's allocations are used if grant funding is the same year-over-year. They provide the required allocations for the application and a starting point for contingency allocations should funding increase or decrease in the next year.
- Mr. Zaldivar thought Motion 6 seemed more a resolution than a motion to take action. He added it is very long and "the Commission will likely alter those baseline allocations" reflected uncertainty so he felt it unnecessary.
- Mr. Land said the "likely" took into account possible expenditure changes as services are implemented and adjustments that may be needed consequent to continued implementation of ACA and attendant migration to it.

- Mr. Vincent-Jones said the Commission historically has not distinguished between resolutions and motions which may include statements and/or actions. Motion 6 is a statement of Commission priorities including PP&A's intent to fund biomedical interventions in a month and actions to accomplish priorities. "Likely" reflects that Ryan White, CDC and NCC funding is addressed, but the Commission does not allocate NCC so DHSP must agree to its use.
- Mr. Stewart clarified that resolutions are motions that contain their own arguments for their passage and use the "whereas - therefore" format. Anything else is a motion.
- Mr. Pérez understood the spirit and intent of Motion 6, but recommended amendments in two areas. He felt it important to make absolutely clear in this public articulation of the Commission's desire to invest in biomedical interventions how the Commission will or will not use federal resources. Under Motion 6, a), he did not want to suggest use of HRSA or CDC funds for biomedical interventions as that use is currently precluded.
- Instead, he suggested revising "...to include an allocation to fund nPEP...'biomedical Interventions'..." to "to allow for the investment in nPEP...'biomedical interventions' through other revenue streams..."
- He also suggested revising Motion 6, Bullet 2 "...for savings that could be used..." to "for savings in non-CDC, non-HRSA funding streams that could be used..."
- Mr. Vincent-Jones said Motion 6 was crafted to include any option, e.g., HRSA or CDC could fund related services such as treatment education and/or Ryan White and CDC funds might assume NCC costs to free NCC funds.
- Mr. Pérez replaced his previous revisions with one to Motion 6, a), from "...to include an allocation to fund nPEP...'biomedical Interventions'..." to "...to include an allocation to fund some elements of nPEP... biomedical Interventions'..." That clarifies that federal funds will not be used for all intervention aspects, i.e., medications.

➲ Agreed to insert "some elements of" after "an allocation to fund" under Motion 6. a).

MOTION 6: Use the FY 2014 CDC and Ryan White funding allocations as the baseline allocation strategy for FY 2015 (January 2015 - December 2015) CDC and FY 2015 (Part A: March 2015 - February 2016; Part B: April 2015 - March 2016) Ryan White funding, with the understanding that:

a) the Commission will likely alter those baseline allocations at its 9/18/2014 meeting to include an allocation to fund some elements of "nPEP, PrEP and other biomedical prevention interventions and related services" (hereinafter referred to as "biomedical interventions") for the period of January 2015 - March 2016 (combined FYs 2015), *and*

b) the Commission's Public Policy Committee will outline and implement a strategy to advocate for increased Net County Cost (NCC) funding to the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) in response to DHSP's increased NCC obligations and the public health emergency fueling the need for expanded availability of biomedical interventions countywide and expedited access to those interventions by highly impacted populations.

and only with the concurrence of DHSP leadership that the Director of DHSP or a delegated representative will provide the following to the Planning, Priorities and Allocations (PP&A) Committee by Friday, 9/12/2014 and present to the PP&A Committee at its 9/16/2014 meeting:

- A realistic and feasible estimate and timeline of what biomedical interventions can be implemented by and during the combined FYs 2015, and the projected FY 2015 costs of implementing that strategy, including what work can be done through December 2014 to prepare for implementation of those biomedical interventions in January 2015;
- An estimate of what FY 2015 CDC or Ryan White funding commitments can be altered, modified, shifted or eliminated - without harming the overall delivery of HIV services in LA County, reducing the County's and providers' ability to achieve stated goals, objectives and/or outcomes, and/or disrupting the County's commitment to continuity of care or reduced HIV incidence - for savings that could be used to fund an allocation for biomedical interventions in combined FYs 2015;
- In recognition that the Commission does not exercise authority over the use of NCC funds and can only recommend its uses - mechanisms and assurances the Commission can rely on to ensure that any grantee or administrative agency commitment to use NCC funds to procure biomedical interventions in combined FYs 2015 will be used for that purpose and remain unchanged regardless of internal needs, and/or unanticipated external costs and/or external control; *and*
- Strategies and alternatives (e.g., augmentations, new contracts, expanded scopes and/or schedules, use of master contracts, reallocation of underspent funds, etc.), timelines for and the projected costs of expanding the availability of biomedical interventions through December 2014, and a summary of possible risks that might impede or derail implementation of the selected strategies ***(Passed: 25 Ayes; 0 Opposed; 2 Abstentions)***.

2) FY 2011 Los Angeles Coordinated HIV Needs Assessment (LACHNA):

- Mr. Dierst-Davies, Epidemiologist, DHSP was project coordinator for the last LACHNA iteration in 2011.
- LACHNA goals are to: evaluate if existing HIV services are sufficient for PLWH, prioritize relative importance of HIV service categories for funding across regions and populations, and guide funding where options exist. The LACHNA-Care 2011 goal was to conduct a needs assessment of the County's Ryan White (RW) system by interviews with a representative sample of RW clients to evaluate: awareness of services, service needs, services received, needed services not received (gaps), service accessibility, barriers and satisfaction with services.
- Sampling methodologies were combined from two population-based CDC studies: Medical Monitoring Project of PLWH in care in the County, and the National HIV Behavioral Surveillance Survey, a survey of those at risk for HIV.
- Stage 1 of LACHNA's methodology randomly selected facilities that offer RW services proportional to size. They were classified in five mutually exclusive groups to ensure representation was not overwhelmed by larger medical facilities at the expense of smaller ones. Groups were: medical care, oral health, substance abuse, residential and other support services. A random sample of the 100 facilities resulted in selection of 46 facilities.
- Stage 2 was real time sampling of facility patients. Sampling was done on a random day and time with every fourth eligible person surveyed at very large facilities and every person at small ones. Sample size calculation indicated 400 surveys were needed to represent the 18,000 to 19,000 RW clients. The Commission also requested sufficient surveys to provide useful data on youth (18-24), transgender individuals and injection drug users so LACHNA oversampled those populations for an additional 50 surveys for a total of 450. Response rate was 94%.
- Those eligible were adult PLWH RW clients at a sampled facility, County residents and able to consent and complete the survey in English or Spanish. The self-administered Computer Assisted Survey Instrument (CASI) survey required approximately 45 minutes to complete with staff to assist as needed. Participants received $30 in Ralph's or Target gift cards. Surveys were completed between January and June of 2011.
- Questions were included on demographics, medical history, sexual behavior, substance use, oral health, and general health. The primary focus was service utilization with questions on awareness of services, if they were needed, if they were received and, if so, were provided in a timely manner and met the need. If needed services were not received, participants were asked about their barriers to care.
- Descriptive data is presented per service. Overall utilization was reviewed for unmet need and then stratified by health-related, case management, housing/transportation and other support services. Data was weighted from 450 to 18,912 representative of the 19,915 in Case Watch at the time. The CDC found the result representative.
- Agency sites and surveys were comparable across SPAs to the SPAs' HIV epidemic. Survey demographics were also representative based on comparison to Case Watch, e.g., Latinos represented 47% of LACHNA and 48% of Case Watch. LACHNA incidentally over-represented the homeless though not sufficiently to impact representativeness.
- Respondents were aware of an average of 21.3 of the 47 services in the RW system with medical outpatient garnering most awareness and hospice the least. Medical outpatient was also identified as the most needed service in the last 12 months with child care the least. The average number of needed services was 11.6.
- Medical outpatient was the most received service at 90%. Accessibility of received services and satisfaction with them was high with 88.6% satisfied with all services received and 89% saying services met their needs. The average number of services received as reported by respondents was 7.5.
- Service gaps were identified by comparing services reported as needed versus those received. Overall, some gap was reported by 81% with oral health the highest gap at 34%. Barriers to receiving a service were explored with questions on structural, e.g., paperwork or regulations; organizational, e.g., hours, waiting times or insensitivity at sites; or individual, e.g., lack of service awareness, lack of knowledge about sites or drug/alcohol use. Lack of awareness was the most common barrier. The average number of services needed but not received was 3.9.
- A series of regression analyses was used to identify groups more likely to report a service gap. A combination of protocols called best subset selection identified statistically significant variables for review. Others can be added if desired. Bi-variate analysis compared factors to gaps. Overall, those uninsured or who reported using substances, a recent mental health condition or a lapse in HIV care were significantly more likely to report some service gap.
- LACHNA categorized services by clusters with 18 or 19 of the 47 categorized as health-related. No factors were associated with gaps for the health-related cluster of services.
- Housing cluster gaps were more likely for the recently incarcerated, the uninsured and those with a recent mental health condition. Those less likely were women, substance users, those interviewed in Spanish and those who reported "other" as employment status including, e.g., the retired, students and the disabled.
- Transportation cluster gaps were more likely for those with a recent incarceration or mental health condition. Persons interviewed in Spanish were less likely to report a transportation gap.

- Case management cluster gaps were more likely for those with a recent incarceration or mental health condition.
- Support cluster gaps were more likely among women and less likely among some 60 undocumented respondents.
- LACHNA limitations include that it is a cross sectional survey that in essence takes a snapshot in time. Data is also self-reported so is subject to social desirability bias which may cause people to attempt to please the surveyor. The CASI system was used to reduce that bias. Surveys were also limited to PLWH in the RW system and some reporting a gap may not meet service eligibility requirements. There may also be a gaps bias between respondents at sites with many co-located services and those at single service sites who lack co-located services ease of access.
- LACHNA strengths include obtaining a representative sample and providing a pre-ACA implementation baseline. It also evaluated the entire RW system of care and resulted in policy changes, e.g., to oral health care.
- Future iteration options include: HIV prevention; STD prevention and care; populations at risk for HIV; HIV+ sub-populations, e.g., those out-of-care, homeless, substance users, women; or service types, e.g., case management.
- Potential challenges include a defined study population. The 2011 LACHNA population was clearly defined and easy to enumerate, but many populations such as those out of care are much harder to enumerate. Sampling methodologies also become harder for such populations impacting both the ability to draw conclusions and the costs/resources required to conduct the survey, e.g., conducting surveys at set clinic sites simplified the process.
- LACHNA could use a cycles approach, e.g., that used by the National HIV Behavioral Survey which alternates high-risk heterosexuals, IDUs at risk and MSM annually. Populations must be defined. Varied sampling approaches can be used, e.g., Respondent-Driven Sampling (RDS) which uses vouchers to incentivize people to recruit friends.
- LACHNA could also use a quota approach, e.g., identifying 100 African-American PLWH in South Los Angeles. Generalizability is limited because it is not a representative sample so cannot be weighted.
- Mr. Dierst-Davies said a manuscript based on these results will be published in the next few months. He requested not disseminating handout information while it is finalized for that. DHSP will present again after it is published.
- Mr. Donnelly asked about evaluation of those not in care. Mr. Dierst-Davies replied the 2011 LACHNA studied those receiving RW services. Of those, 23 people reported not being in care per HRSA definition. DHSP has a couple of projects designed to specifically reach those not in care, but it is difficult and resource intensive. RDS is only moderately effective as PLWH not in care tend not to discuss their status with others. Direct recruitment can be effective if one person well-connected with the target population is identified. Flyer distribution can also help.
- Mr. King felt LACHNA was valuable for its time, but it is now important to understand and respond to those falling off along the CHS including prevention and care. He asked if the LACHNA framework could be adapted. Mr. Dierst-Davies supported change. As this is the Commission's survey, change is its purview. Who is targeted and the focus will dictate how populations are identified, potential success and what can be said about results. Populations difficult to find and enumerate limit results to respondents and may not be as useful for policy.
  - ➲ Mr. Land said data will help inform P-and-A and development of the next LACHNA. Input on the latter can be forwarded to Mr. Vincent-Jones and copied to Messrs. Ballesteros and Land for PP&A review.

3) **Unmet Need Technical Assistance (TA)**: There was no report.
4) **FY 2015 P-and-A Pledge Forms**: There was no report.

B. Public Policy Committee:

1) **Preparations for ACA Panels**:
   - Mr. Fox said the Committee has discussed a Commission panel on Covered California plans in the County. Questions were being drafted on treatment access and prevention, but a forum is being considered instead.
   - ➲ The Committee requested input on whether Commission members would prefer a Commission panel or forum.
2) **2014 Legislative Docket: Status Update**: Mr. Fox said the Senate Appropriations Committee would vote that day on removing multiple bills from the suspense file, voting on them and passing them to the Senate floor. If not removed, bills do not move forward. Such bills meet a threshold which is usually $150,000, but may be less depending on the bill.

C. Operations Committee:

1) **Member Renewal/Nomination Plan 2014**: The renewal application should be available by the end of the following week. Interviews for those renewing will be scheduled for the next month.
2) **Pol./Pro. #08.2204: Sign-In/-Out Procedures**: There was no report.
3) **Leadership Development Technical Assistance (TA)**: There was no report.

D. Standards and Best Practices (SBP) Committee: There was no report.

14. CAUCUS REPORTS:

A. Transgender Caucus: The next meeting will be 8/18/2014, 1:00 to 3:00 pm, at the Commission offices.

1) One-Day Transgender Conference:

- The 8/18/2014 meeting will address planning for the November Conference. The Transgender Service Provider Network has been invited to participate and other interested parties are also welcome.

B. Consumer Caucus:

- Mr. Liso reported last month's meeting addressed broadening the definition of consumer to include HIV- individuals, development of the work plan, how to reach those not in care and input on a patient composite.
- The Caucus met after the Commission in the upstairs conference room.

C. Youth Caucus: There was no report.

D. Latino Caucus: Mr. Vincent-Jones reported the Caucus is working on a new format to generate more interest.

15. HOPWA REPORT: There was no report.

16. CITY/HEALTH DISTRICT REPORTS:

- Dr. Kushner reported the City of Long Beach Health Department HIV clinic was still unable to secure a Managed Medi-Cal contract despite many meetings with the health plans and with four Independent Practice Associations (IPAs). IPAs all verbally expressed concern about accepting high-risk HIV patients. Meetings with other plans continue.
- The clinic is the sole previous Healthy Way LA contractor not to secure a Managed Medi-Cal contract after January 1st.
- Mr. Land suggested considering how the Commission might help independent health jurisdictions ensure services.
- Mr. Rosales reported Mayor Eric Garcetti, City of Los Angeles, is interested in appointing an HIV expert to the Disability Commission. Mr. Rosales has been asked to develop a list for the Mayor's Office to vet.

17. SPA/DISTRICT REPORTS: There were no reports.

18. **TASK FORCE REPORTS**: There were no reports.

19. AIDS EDUCATION/TRAINING CENTERS (AETCs): There was no report.

20. **COMMISSION COMMENT:**

- Mr. Fox noted Kaiser clients in San Diego were required to sign contracts to receive PrEP. Contracts stated a physician could revoke the PrEP prescription if a client tested positive for an STI or reported condomless sex which defeats the purpose. The matter was discussed with Kaiser Los Angeles which was aware of the issue and has corrected it.
- Kaiser also reported an increase in requests especially during the past six months. Clients are referred by primary physicians to Kaiser's HIV care and seen quarterly for testing. Kaiser appears pleased with the resultant improved monitoring.

21. ANNOUNCEMENTS: Ms. Enfiedl announced the American Indian Counseling Center and the Red Circle Project, AIDS Project Los Angeles Health and Wellness will co-host a mental health wellness event 9/26/2014, Indian Day, at MCC Church, 4607 Prospect Avenue, Los Angeles 90026. It will address reducing mental health stigma and discrimination for Native American LGBT.

22. ADJOURNMENT: The meeting adjourned at 12:40 pm.

A. Roll Call (**Present)**: Ballesteros, Cataldo, Donnelly, Enfield, Ferlito, Fox, Goddard, Granados, Green/Sanjurjo, Kiburi, King, Kushner, Land, Lester, Liso, Lopez, Munoz, Pérez, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Tula, Winder, Zaldivar

MOTION AND VOTING SUMMARY		
MOTION 1: Adjust, as necessary, and approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve minutes from the Commission on HIV meetings, as presented.	***Postponed***	**MOTION POSTPONED**
MOTION 3: Approve the Consent Calendar, with agenda Motions 4 and 6 removed.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Pursuant to the proposed Comprehensive HIV Planning (CHP) Task Force work plan and description, the Commission will change its Annual Meeting date from 11/13/2014 to a date in October.	***Passed by Consensus***	**MOTION PASSED**
MOTION 5: Approve the Co-Chairs' Letter of Concurrence for the Interim Progress Report (IPR) to the Centers for Disease Control and Prevention (CDC), as presented.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**
MOTION 6: Use the FY 2014 CDC and Ryan White funding allocations as the baseline allocation strategy for FY 2015 (January 2015 - December 2015) CDC and FY 2015 (Part A: March 2015 - February 2016; Part B: April 2015 - March 2016) Ryan White funding, with the understanding that: a) the Commission will likely alter those baseline allocations at its 9/18/2014 meeting to include an allocation to fund some elements of "nPEP, PrEP and other biomedical prevention interventions and related services" (hereinafter referred to as "biomedical interventions") for the period of January 2015 - March 2016 (combined FYs 2015), *and* b) the Commission's Public Policy Committee will outline and implement a strategy to advocate for increased Net County Cost (NCC) funding to the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) in response to DHSP's increased NCC obligations and the public health emergency fueling the need for expanded availability of biomedical interventions countywide and expedited access to those interventions by highly impacted populations. *and* only with the concurrence of DHSP leadership that the Director of DHSP or a delegated representative will provide the following to the Planning, Priorities and Allocations (PP&A) Committee by Friday, 9/12/2014 and present to the PP&A Committee at its 9/16/2014 meeting: ▪ A realistic and feasible estimate and timeline of what biomedical interventions can be implemented by and during the combined FYs 2015, and the projected FY 2015 costs of implementing that strategy, including what work can be done through December 2014 to prepare for implementation of those biomedical interventions in January 2015;	***Ayes**:* Ballesteros, Cataldo, Donnelly, Enfield, Fox, Goddard, Granados, Green, King, Kushner, Land, Lester, Liso, Lopez, Munoz, Pérez, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Tula, Winder ***Opposed**:* None ***Abstentions**:* Kiburi, Zaldivar	**MOTION PASSED** **Ayes**: 25 **Opposed:** 0 **Abstentions**: 2

MOTION AND VOTING SUMMARY		
▪ An estimate of what FY 2015 CDC or Ryan White funding commitments can be altered, modified, shifted or eliminated - without harming the overall delivery of HIV services in LA County, reducing the County's and providers' ability to achieve stated goals, objectives and/or outcomes, and/or disrupting the County's commitment to continuity of care or reduced HIV incidence - for savings that could be used to fund an allocation for biomedical interventions in combined FYs 2015; ▪ In recognition that the Commission does not exercise authority over the use of NCC funds and can only recommend its uses - mechanisms and assurances the Commission can rely on to ensure that any grantee or administrative agency commitment to use NCC funds to procure biomedical interventions in combined FYs 2015 will be used for that purpose and remain unchanged regardless of internal needs, and/or unanticipated external costs and/or external control; *and* ▪ Strategies and alternatives (e.g., augmentations, new contracts, expanded scopes and/or schedules, use of master contracts, reallocation of underspent funds, etc.), timelines for and the projected costs of expanding the availability of biomedical interventions through December 2014, and a summary of possible risks that might impede or derail implementation of the selected strategies.		